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JAN 2 4 2014

Section 4 510(k) Summary

December 4, 2013

A. Submitter's Name / Address.

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B. Contact Person

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C. Megadyne's Manufacturing Facility

Megadyne Medical Products, Inc. 11506 South State Street Draper, UT 84020 (801) 576-9669 (801) 576-9698 fax

D. Device Name

Common Name:

Device, electrosurgical, cutting & coagulation &

accessories

Trade Name:

MegaSoft Universal Patient Return Electrode

Classification (if known):

21 CFR 878.4400, Electrosurgical cutting and

coagulation device and accessories

Megadyne Medical Products, Inc.

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510(k): Mega Soft Universal Reusable Patient Return Electrode

E. Predicate Devices

The predicate device is Megadyne's Mega Soft Return Electrode Pad which was cleared for marketing via 510(k) # K080741 by FDA's Office of Device Evaluation on December 12, 2008

F. Applicant Device Description

The MegaSoft Universal Patient Return Electrode is constructed of a layer of conductive material strain-relieved with two sheets of urethane material, and sealed between two symmetric layers of a viscoelastic polymer called Akton. The Akton polymer is encapsulated by a layer of urethane film. One two-conductor cable connects the conductive layer of the device to a two conductor. DetachaCable. The DetachaCable is connected to a standard monopolar electrosurgical unit (ESU). The device cable is insulated, strain-relieved, and connected well inside the device to prevent patient or user burns. In use, this device will lay on the operating surface with the patient lying on either side of the pad.

The pad size is approximately 36" \times 20" \times 0.135" and is intended for patients weighing \geq 0.8 lb (350 grams).

G. Applicant Device Intended Use

The intended use of the MegaSoft Universal Patient Return Electrode is to conduct monopolar electrosurgical energy from target tissue of a patient back to an electrosurgical unit (ESU), or generator.

This device is intended to be used whenever monopolar electrosurgy is indicated. Electrosurgical use is restricted to use with isolated monopolar electrosurgical generators.

H. Technological Characteristics

The proposed device shares the same technological characteristics found in the Megadyne predicate devices.

I. Safety information

The only current flow from the patient to the MegaSoft Universal Patient Return Electrode Pad is via capacitive coupling. This device is designed to be current limiting (<100 mA/cm²) to prevent the patient from getting return electrode site burns.

The Akton is used as a dielectric layer. The desirable attribute of this polymer is that it compresses but does not laterally move under pressure, thus maintaining dielectric protection.

Questions of safety and effectiveness are the same for this device as they are for the predicate device and other patient return electrodes on the market. There are no new technologies incorporated into the device.

Megadyne has conducted extensive testing to ensure conformance to the following voluntary standards:

IEC 60601-1:2005, Medical electrical equipment, Part 1: General requirements for safety and essential performance

IEC 60601-2-2:2009, Medical electrical equipment, Part 2: Particular requirements for the safety of high frequency surgical equipment



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

Megadyne Medical Products Incorporated Ms. Ronda K. Magneson Director of Regulatory Affairs 11506 South State Street Draper, Utah 84020

January 24, 2014

Re: K133726

Trade/Device Name: MegaSoft Universal® Patient Return Electrode

Regulation Number: 21 CFR 878.4400

Regulation Name: Electrosurgical cutting and coagulation

device and accessories Regulatory Class: Class II

Product Code: GEI

Dated: December 26, 2013 Received: December 27, 2013

Dear Ms. Magneson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Joshua C. Nipper -S

Binita S. Ashar, M.D., M.B.A., F.A.C.S.
Acting Director

For Division of Surgical Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use Statement Section 3 K133726 510(k) Number (if known): MegaSoft Universal® Patient Return Electrode Device Name: Indications for use: This device is designed to be used whenever monopolar electrosurgery is indicated. The intended use of this device is to conduct monopolar electrosurgical energy from target tissue of a patient back to one or two electrosurgical units (ESU), or generators. Electrosurgical use is restricted to use with isolated monopolar electrosurgical generators. The device is not intended for RF ablation. Concurrence of CDRH, Office of Device Evaluation (ODE) DSD-DIVISION SIGN-OFF Long H. **Division of Surgical Devices** K133726 for BSA 510(k) Number: Over-The-Counter Use OR Prescription Use_X_ (Per 21 CFR 801.109) Page 11 of 64 Megadyne Medical Products, Inc.

510(k): Mega Soft Universal Reusable Patient Return Electrode